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08/27/2007

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TRACE E. RIGHT	(Depositor's name)
<i>Trace E. Right</i>	(Signature)
NOVEMBER 21, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,809	07/15/2003	Donna L. Livant	UM-08199	7664

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR THE ENHANCEMENT OF WOUND HEALING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/27/2007
				11/26/2007	NNGUYEN2 00000093 081290	10619809
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JONES, DAMERON LEVEST	1618	424-001690				
				01 FC:1504	300.00 OP	
				02 FC:8001	24.00 OP	
				03 FC:2501	20.00 OP	

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- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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